

4-05-05

DFW



PATENT

Attorney Docket No.: H0004515-5837US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Horning, et al.  
Serial No.: 10/689,801  
Filed: October 21, 2003  
For: METHODS AND SYSTEMS  
FOR PROVIDING MEMS  
DEVICES WITH A TOP CAP  
AND UPPER SENSE PLATE

Group No.: 2813  
Examiner: Pham, Thanhha S.

Mail Stop: AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
  - Amendment Transmittal including Certificate of Express Mail (3 pgs., *in duplicate*)
  - Response to Restriction Requirement (2 pgs.)
  - Return post card

STATUS

- Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV 459189320 US  
Date: April 4, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Robert E. Slenker, Reg. No. 45,112

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month                 | \$ 120.00                      | \$ 60.00                            |
| _____ second month                | \$ 450.00                      | \$ 225.00                           |
| _____ third month                 | \$ 1,020.00                    | \$ 510.00                           |
| _____ fourth month                | \$1,590.00                     | \$ 795.00                           |
| _____ fifth month                 | \$2,160.00                     | \$1,080.00                          |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|---|---|-------|---|------------------------------|--|----|--|
| TOTAL<br>INDEP.                             |   | MINUS |   | =                            | x \$25.00 = \$                         |    | x \$50.00 = \$                                       |
|   |   | MINUS |   | =                            | x \$100.00 = \$                        |    | x \$200.00 = \$                                      |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |   |                              | + \$180.00 = \$                        |    | + \$360.00 = \$                                      |
|   |   |       |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE \$                           |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT

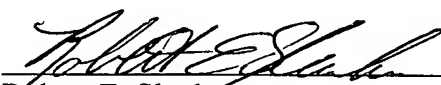
5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

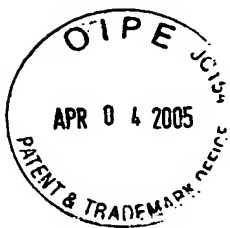
### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
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For: METHODS AND SYSTEMS FOR PROVIDING  
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Art Unit: 2813

Examiner: Pham, Thanhha S.

**RESPONSE TO RESTRICTION REQUIREMENT**

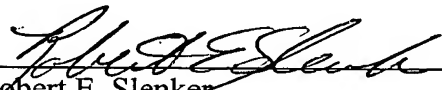
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Sir:

The Office Action mailed March 17, 2005, has been carefully reviewed and the following is made in consequence thereof. In response to the restriction requirement set forth in the Office Action, Applicants elect for prosecution in this application all claims of Invention III as identified in the Office Action. Claims 14-27, drawn to micro-electromechanical system devices and wafers, are in the elected claim group.

The restriction requirement is traversed because the inventions set out by the claims in Inventions I, II and III clearly are related. It is believed that a thorough search and examination of either claim group would be relevant to the examination of the other group. In addition, requirements for restriction are not mandatory under 35 U.S.C. Accordingly, reconsideration of the restriction requirement is requested.

Respectfully submitted,

  
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